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PTO/SB/22 (09-06)

Approved for use through 03/31/2007. OMB 0651-0061  
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|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|---------------------------------------------------------------|-------------------------|
| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)<br/>FY 2006</b><br>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)                                                                                                      |                                  | Docket Number (Optional)<br>N9450.0050/P050                   |                         |
| Application Number<br>10/091,033-Conf. #6464                                                                                                                                                                                                              |                                  | Filed<br>March 6, 2002                                        |                         |
| For METHOD AND SYSTEM FOR DETERMINING OPTIMAL PORTFOLIO                                                                                                                                                                                                   |                                  |                                                               |                         |
| Art Unit<br>3609                                                                                                                                                                                                                                          |                                  | Examiner<br>M. H. Ali                                         |                         |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.<br>The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): |                                  |                                                               |                         |
|                                                                                                                                                                                                                                                           |                                  | <u>Fee</u>                                                    | <u>Small Entity Fee</u> |
| <input checked="" type="checkbox"/>                                                                                                                                                                                                                       | One month (37 CFR 1.17(a)(1))    | \$120                                                         | \$60 \$ 120.00          |
| <input type="checkbox"/>                                                                                                                                                                                                                                  | Two months (37 CFR 1.17(a)(2))   | \$450                                                         | \$225 \$                |
| <input type="checkbox"/>                                                                                                                                                                                                                                  | Three months (37 CFR 1.17(a)(3)) | \$1020                                                        | \$510 \$                |
| <input type="checkbox"/>                                                                                                                                                                                                                                  | Four months (37 CFR 1.17(a)(4))  | \$1590                                                        | \$795 \$                |
| <input type="checkbox"/>                                                                                                                                                                                                                                  | Five months (37 CFR 1.17(a)(5))  | \$2160                                                        | \$1080 \$               |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.                                                                                                                                                                           |                                  |                                                               |                         |
| <input type="checkbox"/> A check in the amount of the fee is enclosed.                                                                                                                                                                                    |                                  |                                                               |                         |
| <input checked="" type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.                                                                                                                                                                    |                                  |                                                               |                         |
| <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.                                                                                                                                |                                  |                                                               |                         |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>50-2215</u> . I have enclosed a duplicate copy of this sheet.                     |                                  |                                                               |                         |
| I am the <input type="checkbox"/> applicant/inventor.                                                                                                                                                                                                     |                                  |                                                               |                         |
| <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.                                                                                                                                                                      |                                  |                                                               |                         |
| <input type="checkbox"/> attorney or agent of record. Registration Number _____                                                                                                                                                                           |                                  |                                                               |                         |
| <input checked="" type="checkbox"/> attorney or agent under 37 CFR 1.34.                                                                                                                                                                                  |                                  |                                                               |                         |
| Registration number if acting under 37 CFR 1.34 <u>42,336</u>                                                                                                                                                                                             |                                  |                                                               |                         |
| _____<br>Signature                                                                                                                                                                                                                                        |                                  | _____<br>Date                                                 |                         |
| _____<br>Ian R. Blum                                                                                                                                                                                                                                      |                                  | _____<br>(212) 277-6583                                       |                         |
| Typed or printed name                                                                                                                                                                                                                                     |                                  | Telephone Number                                              |                         |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representatives, if more than one signature is required, see below.                                                                                          |                                  |                                                               |                         |
| <input type="checkbox"/> Total of <u>1</u> forms are submitted.                                                                                                                                                                                           |                                  | 07/05/2007 10:00:01 00000155 10091033<br>01 FC:1251 120.00 OP |                         |